Muccilo Robert Form 4 March 06, 2013

### FORM 4

#### UNITED STATES SECURITIES AND EXCHANGE COMMISSION **OMB** Washington, D.C. 20549

**OMB APPROVAL** 

Number:

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Check this box

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

See Instruction 1(b).

(Last)

(City)

(Instr. 3)

Common

Stock

(Print or Type Responses)

2. Issuer Name and Ticker or Trading Muccilo Robert Issuer Symbol CONSOLIDATED EDISON INC (Check all applicable) [ED]

(Month/Day/Year)

02/28/2013

3. Date of Earliest Transaction

VP & Chief Accounting Officer

5. Relationship of Reporting Person(s) to

10% Owner X\_ Officer (give title Other (specify below)

CONSOLIDATED EDISON, INC. C/O SECRETARY, 4 IRVING

(First)

(Middle)

(Zip)

1. Name and Address of Reporting Person \*

PLACE, SUITE 1618-S

(Street) 4. If Amendment, Date Original

Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check

Applicable Line)

Director

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

NEW YORK, NY 10003

1.Title of 2. Transaction Date 2A. Deemed Security (Month/Day/Year) Execution Date, if

(State)

02/28/2013

3. 4. Securities Acquired Transaction(A) or Disposed of (D)

Code (Instr. 3, 4 and 5) (Instr. 8)

5. Amount of Securities Beneficially Owned

6. Ownership 7. Nature of Form: Direct Indirect Beneficial (D) or Indirect (I) Ownership (Instr. 4) (Instr. 4)

(A) Code V Amount (D) Price

Transaction(s) (Instr. 3 and 4)

Following

Reported

34.89 P D 3,368.17 (1) 57.33

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

(Month/Day/Year)

03/05/2013

Persons who respond to the collection of **SEC 1474** information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

#### Edgar Filing: Muccilo Robert - Form 4

| 1. Title of<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 4.<br>Transacti<br>Code<br>(Instr. 8) | 5.<br>orNumber<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3, |             | ate        | 7. Title and<br>Amount of<br>Underlying<br>Securities<br>(Instr. 3 and 4 |                        | 8. Price of Derivative Security (Instr. 5) | 9. Nu<br>Deriv<br>Secur<br>Bene<br>Owne<br>Follo<br>Repo<br>Trans<br>(Instr |
|---|---|---|---|---------------------------------------|--|-------------|------------|--|------------------------|--|---|
|   |   |   |   |                                       | 4, and 5)  | Date        | Expiration |  | Amount                 |  |   |
|   |   |   |   | Code V                                | / (A) (D)  | Exercisable | Date       | Title  | Number<br>of<br>Shares |  |   |

# **Reporting Owners**

Reporting Owner Name / Address Relationships

10% Owner

Officer

Officer

Other

Director

Muccilo Robert
CONSOLIDATED EDISON, INC. C/O
VP & Chief Accounting

SECRETARY 4 IRVING PLACE, SUITE 1618-S

NEW YORK, NY 10003

# **Signatures**

Carole Sobin; Attorney-in-Fact 03/06/2013

\*\*Signature of Reporting Person Date

## **Explanation of Responses:**

- \* If the form is filed by more than one reporting person, see Instruction 4(b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) Purchase of shares of common stock of Consolidated Edison, Inc. (the "Company") under the Company's Stock Purchase Plan.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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